

Town of Amherst **FY 2006** Refuse Collection Variance Request

Current Board of Health regulations require weekly refuse collection, and state law requires recycling. Most Amherst households currently contract with either Amherst Trucking or Amherst Waste Control, haulers who offer both services. To request a variance from the Board of Health regulations, please complete the application. **You must provide a refuse plan in Part I. and a recycling plan in Part II.**

Name _____
Address _____
Daytime Phone () ____ - ____ Home Phone (if different) () ____ - ____
Occupants (circle): Owner occupied or rented. If rental, list the landlord name & address

Estimated average volume of refuse generated per week:
less than 1/2 barrel 1/2 barrel less than 1 barrel 1 barrel 2 or more barrels

Part I. PLEASE CHECK THE REASON YOU ARE REQUESTING A VARIANCE:

A. ____ **Small Quantity of Trash per Week:** If you generate a small amount of refuse (less than 1 barrel per week) due to your consistent efforts to reduce waste, you are eligible for a refuse collection variance. Please provide your plan for dealing with your refuse and mark off your recycling choice in Part II (reverse side of form.) Town bags are the only disposal option, and must be purchased in packets of 10. In addition, you must **agree to take your refuse to the Amherst Transfer Station a minimum of once per month**

B. ____ **Long Driveway:** If your driveway is inaccessible for a refuse hauler, you may request a refuse collection variance. If you generate more than 1 barrel of refuse per week, the **Health Director requires weekly disposal at the Amherst Transfer Station**. Please provide your plan for dealing with your refuse and mark off your recycling choice in Part II (reverse side of form) Town bags are the only disposal option, and must be purchased in packets of 10.

C. ____ **Business:** If you have authorized access to an Amherst business refuse disposal system, you may request a refuse collection variance. Please provide proof of authorization to access and use of the business's refuse disposal system- e.g. a letter from the business. Also, provide a plan for dealing with your refuse and mark off your recycling choice in Part II (see reverse side.) Each residential address that has access to this business dumpster must request a separate variance.

D. ____ **Shared Barrel:** Supply the names and addresses of the households involved in sharing of refuse service. List the household which has the contract with the hauler first.

Name (with complete service) _____ Address _____
Contract: Amherst Trucking ____ Amherst Waste Control ____ Other _____

***Each additional household must contract for the curbside recycling option.**

Name _____ Address _____

Refer to Part IIB of this form.

E. ____ **Other:** For those who did not check an above category, please provide a reason for your request for a variance and your plan for dealing with your refuse; also you must make a recycling choice in Part II.

This space is provided for you to explain your reason for requesting a variance and your plan for dealing with your refuse.

Part II. RECYCLING: As part of your request for a refuse collection variance, you must choose one of the following two options for dealing with your recyclables.

A) ____ I will purchase the vehicle sticker provided by the Department of Public Works, which allows me to take my recyclables to the Amherst Drop-off Recycling Center.

B) ____ I will contract with a hauler to have my recyclables picked up at curbside weekly.

Check one: Amherst Trucking ____ Amherst Waste Control ____

Other (specify hauler) _____

Signature _____ **Date** _____

Please return the application with a check or money order made payable to the "Town of Amherst", addressed to Recycling Office, 586 S. Pleasant St., Amherst, MA 01002, Attn: Variance. **Bags can be purchased as needed at the Transfer Station, Belchertown Road (Tuesday, Thursday and Saturday 8:00AM – 2:00PM)**

Vehicle Sticker - \$35.00 per vehicle

Total cost for refuse and recycling = \$ _____ money order/check# _____

Staff initials ____ Date of variance authorization _____ Vehicle Sticker # _____

Amherst Health Office 256-4077 and Solid Waste/Recycling Office 256-4050, ext.0